PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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## **TRANSMITTAL FORM**

Application Number	10/627,211
Filing Date	July 25, 2003
First Named Inventor	Benjamin FRYDMAN
Art Unit	1623
Examiner Name	M. Fedowitz
Attorney Docket Number	578562000900

(to be used for all correspondence after initial filing)		Art Olin	1623		
			Examiner Name	M. Fedowitz	
Total Numbe	Total Number of Pages in This Submission 8 + 1 Ref			578562000900	
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Fee Transr duplicate)	mittal Form (1 page in	Drawing(s)		After Allowance Communication to TC	
Fee Attached Licensing-			ated Papers	Appeal Communication to Board of Appeals and Interferences	
Amendmer	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
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Extension	of Time Request	Terminal Disc	claimer	Other Enclosure(s) (please Identify below):	
Express At	pandonment Request	Request for	Refund	1. Form PTO/SB/08a/b (1 page in duplicate)	
X Information (3 pages)	Disclosure Statement	CD, Number	of CD(s)	Reference (1)     Return Receipt Postcard	
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	y to Missing Parts under FR 1.52 or 1.53				
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	SIGNATU	JRE OF APPLICA	ANT, ATTORNEY, OR	AGENT	
Firm Name	MORRISON & FOEI	RSTER LLP	(Customer	No. 25226)	
Signature	Signature Mut ib.				
Printed name Robert K. Cerpa					
Date September 2, 2005			Reg. No.	39,933	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV544978805US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  Dated: September 2, 2005  Signature:					

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				8). [/	Application Number 10/627,211				
				Filing Date	Jı	July 25, 2003 Benjamin FRYDMAN			
			Γ	irst Named Inve	entor B				
For FY 2005				<u>—[</u>	Examiner Name	М	. Fedowitz		
X Applicant claims small entity status. See 37 CFR 1.27					Art Unit 1623				
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Application Ty	ype <u>F</u>	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees F	Paid (\$)
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Provisional		200	100	0	0	0	0		
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SUBMITTED BY							·		
Signature	for,	z lh			tegistration No. Attorney/Agent)	39,933	Telephone	(650) 81	3-5715
Name (Print/Type)	Robert K. Ce	erpa					Date S	Septembe	r 2, 2005

ereby certify that this correspondence is being deposited with the U.S. Postal ervice as Express Mail, Airbill No. 544978805US, in an envelope addressed to: S Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA

2313-1450, on the date shown below.

Dated: September 2, 2005

Signature:

Patent Docket No. 578562000900

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Benjamin FRYDMAN et al.

Serial No.: 10/627,211

Filing Date: July 25, 2003

CONJUGATES OF PORPHYRIN For:

**COMPOUNDS WITH** 

CHEMOTHERAPEUTIC AGENTS

Examiner: M. Fedowitz

Group Art Unit: 1623

## SUPPLEMENTAL INFORMATION DISCLOSURE **STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. A copy of a foreign document is submitted herewith. The Examiner is requested to make these documents of record.

This Supplemental Information Disclosure Statement is submitted: With the application; accordingly, no fee or separate requirements are required. Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.

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	Within	n three months of the application filing date or before mailing of a first Office Action
	on the	merits; accordingly, no fee or separate requirements are required. However, if
	applic	able, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
$\boxtimes$	After	receipt of a first Office Action on the merits but before mailing of a final Office Action
	or Not	tice of Allowance.
		A fee is required. A check in the amount of is enclosed.
	$\boxtimes$	A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to
		this submission in duplicate.
		A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is
		believed to be due.
	After 1	mailing of a final Office Action or Notice of Allowance, but before payment of the
	issue f	ree.
		A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the
		amount of is enclosed.
		A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal
		form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other

fees due in connection with the filing of this document to <u>Deposit Account No. 03-1952</u> referencing <u>578562000900</u>.

Dated: September 2, 2005

Respectfully submitted,

Robert K. Cerpa

Registration No.: 39,933

MORRISON & FOERSTER LLP

755 Page Mill Road

Palo Alto, California 94304-1018

(650) 813-5715

SEP 0 2 2005 W

Substitute for form 1449/PTO

Sheet

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

1 of 1

Complete if Known					
Application Number	10/627,211				
Filing Date	July 25, 2003				
First Named Inventor	Benjamin FRYDMAN				
Art Unit	1623				
Examiner Name	M. Fedowitz				
Attomey Docket Number	578562000900				

			U.S. PA	TENT DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	US-6,114,321-A	09-05-2000	Platzek et al.	
	2.	US-6,906,050-B2	06-14-2005	Robinson	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
	3.	WO-2004/012774-A1	02-12-2004	SLIL Biomedical Corporation		

\*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>	

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	Date			
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<sup>&#</sup>x27;Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.